

TULARE COUNTY CLERK-RECORDER - APPLICATION FOR DEATH RECORD

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a record.


- ❖ The registrant or a parent or legal guardian of the registrant.
- ❖ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- ❖ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ❖ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.
- ❖ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
- ❖ Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS **MUST** BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

I am requesting an AUTHORIZED copy

I am requesting an INFORMATIONAL copy

NUMBER OF COPIES NUMERO DE COPIAS		CLERK-RECORDER USE ONLY	
Month/Mes Day/Día Year/Año		Certificate : _____	
Date of Death - Fecha De Función		Book#: _____ Page#: _____	
NAME OF DECEASED (first, middle, last) - NOMBRE DE DIFUNTO (primer, segundo, apellido)		A/C: _____	
CITY OF DEATH - CIUDAD DE DEFUNCIÓN		Imaged	
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - RELACION A REGISTRANTE		Informational	
		For Gov't Use Only	
		No Record	
I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the death record identified on this application form.			
Sworn this _____ day of _____, _____ at _____			
NAME - NOMBRE			
STREET ADDRESS - NUMERO Y CALLE			
CITY - CIUDAD STATE - ESTADO ZIP - ZONA POSTAL			
PHONE NUMBER - NO DE TELEFONO			
DL/ID _____ Expires _____		BN#:	



COUNTY OF TULARE
CLERK-RECORDER

221 S MOONEY BLVD. RM 105, VISALIA , CA 93291-4593 / 559 - 636 - 5051

CERTIFICATE OF IDENTITY - BIRTH, DEATH AND MARRIAGE

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth, Death or Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or marriage certificate: individual named on the certificate, parent, legal guardian/custodian, grandparent, grandchild, child, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency.

This certificate must be signed in the presence of a Notary.

Name on Certificate	Relationship

Please indicate the total number of certificates requested: _____

.....

STATE OF _____

County of _____

On _____ before me, _____, personally

appeared _____ who proved to me on the basis of satisfactory evidence to be the

person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Signature _____

(seal)

INSTRUCTIONS

TULARE COUNTY CLERK-RECORDER - APPLICATION FOR DEATH RECORD

Death records have been maintained in the Tulare County Clerk-Recorder's Office since 1873.

Tulare County Clerk-Recorder's staff. If you submit your request by mail, you must send the completed application that has been signed along with the Certificate of Identity statement that has been signed in the presence of a Notary Public.

2. **PLEASE NOTE:** Only one notarized Certificate of Identity statement is required for multiple certificates requested at the same time; however, the Certificate of Identity statement must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual.

(Note: a funeral director ordering copies on behalf of an individual specified in paragraphs (1) to complete the notarized statement).

3. Use a separate application form for each different record of death for which you are requesting requested on the Certificate of Identity statement).
4. Complete the Application and give all the information you have available to identify the record of the decedent. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit **\$12** for each certified copy requested. If no record of the death is found, the **\$12** fee will be retained for searching as required by statute (Health and Safety Code Section 103650) and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you are requesting and include your payment with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to:

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